

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/384487

FILING DATE

ATTORNEY

CLAIMS

	AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)			AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	15	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			17				TOTAL CLAIMS						